09-13 04

+

Please type a plus sign (+) inside this box →

vC.				Frademark Office;	PTO/SB/21 (05-03) e through 04/30/2003. OMB 0651-0031 U.S. DEPARTMENT OF COMMENCE the displayer a wild OMB posterior and purpose
2004 30	TRANSMITTAI FORM (to be used for all correspondence after interest of Pages in This Submission Fee Transmittal Form Fee Attached	itial filing) ion 14 + exbts. ENCLOSUR Assign	Application Number Filling Date First Named Inventor Group Art Unit Examiner Name Attorney Docket Number ES (check all that apply ment Papers Application)	AKASHI, KC 1632 LI, QIAN JA STAN-064	it displays a valid OMB control number. 1997 DICHI NICE After Allowance Communication of Group Appeal Communication to Board
	Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Documents Response to Missing Parts/ Incomplete Application Response to Missing Parts Linder 37 CER 1 53 or 1 53	Licens Petition Provisi Power Chang Addres Termin Reque	ing-related Papers n to Convert to a onal Application of Attorney, Revocation e of Correspondence	A A A A A A A A A A	f Appeals and Interferences Appeal Communication to Group Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please dentify below): Notice of Appeal Exhibits 1-3 Postcard
Signing (Reg. N Signatu	PAMELA J. SHERV BOZICEVIC, FIELD	WOOD, 36,677 D & FRANCIS, LLF	ICANT, ATTORNEY, O	R AGENT	

EXPRESS MAIL LABEL NO. EV462737905US

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PIE TRANSMITTAL Application Number 08/918,537 Filing Date August 22, 1997 First Named Inventor AKASHI, KOICHI Examiner Name LI, QIAN JANICE	Complete if Known				
Filing Date August 22, 1997 First Named Inventor AKASHI, KOICHI Examiner Name LI, QIAN JANICE Art Unit 1632 TOTAL AMOUNT OF PAYMENT (\$) 640 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Deposit Account Number Deposit Account Number Deposit Account Name The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Filing Date August 22, 1997 First Named Inventor AKASHI, KOICHI Examiner Name LI, QIAN JANICE Art Unit 1632 Art Unit 1632 Art Unit 50-204 The Director Is authorized to: (check all that apply) FEE CALCULATION (continued) ADDITIONAL FEES Large Entity Small Entity Fee Fee Code (\$) Small Entity Fee Fee Fee Code (\$) Surcharge – late filing fee or oath The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Charge Any Additional Fee(s) Required under 37 C.F.R. 1.17. Charge fee(s) indicated below, except for the filing fee The Director is authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee The Director is authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee The Director is authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee	8/918,537				
Art Unit Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 640 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Deposit Account Number Deposit Account Number Deposit Account Name The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Charge fee(s) indicated below, except for the filling fee Art Unit 1632 Art Unit 1632 Art Unit 1632 Atturit 1632 At	August 22, 1997				
Art Unit Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 640 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Deposit Account Number Deposit Account Number Deposit Account Name The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Charge fee(s) indicated below, except for the filling fee Art Unit 1632 Art Unit 1632 Art Unit 1632 Atturit 1632 At					
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 640 Attorney Docket No. STAN-064 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Deposit Account: Deposit Account Number Deposit Account Name The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Account Name Charge fee(s) indicated below, except for the filling fee Art Unit 1632 Attorney Docket No. STAN-064 TEE CALCULATION (continued) STAN-064 Attorney Docket No. STAN-064 Attorney Docket No. STAN-064 TEE CALCULATION (continued) STAN-064 TEE CALCULATION (continued) Large Entity Small Entity Fee Fee Code (\$) Fee Description 1051 130 2051 65 Surcharge – late filling fee or cover sheet STAN-064 TOTAL AMOUNT OF PAYMENT 1052 50 2052 25 Surcharge – late provisional filing fee or cover sheet STAN-064 TOTAL AMOUNT OF PAYMENT 1053 130 1053 130 Non-English specification 1054 155 155 155 155 155 155 155 155 155 1					
TOTAL AMOUNT OF PAYMENT (\$) 640 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Deposit Account: Deposit Account Number Deposit Account Name The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Account Name Charge fee(s) indicated below, except for the filling fee Attorney Docket No. STAN-064 Attorney Docket No. STAN-064 Attorney Docket No. STAN-064 FEE CALCULATION (continued) Large Entity Small Entity Fee Fee Code (\$) 1051 130 2051 65 Surcharge – late filing fee or cover sheet Charge fee(s) indicated below, except for the filling fee METHOD OF PAYMENT (\$) 640 Attorney Docket No. STAN-064 FEE CALCULATION (continued) Large Entity Small Entity Fee Fee Code (\$) 1051 130 2051 65 Surcharge – late filing fee or oath 1052 50 2052 25 Surcharge – late provisional filing fee or cover sheet Charge fee(s) indicated below, except for the filling fee					
METHOD OF PAYMENT (check all that apply) Check					
Check					
Order Deposit Account: Deposit Account					
Deposit Account: Deposit Account Number Deposit Account Number Deposit Account Name The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Charge Fee(s) indicated below, except for the filling fee Large Entity Small Entity Fee Fee Code (\$) Fee Description 2051 65 Surcharge – late filing fee or oath 1052 50 2052 25 Surcharge – late provisional filing fee or cover sheet Charge fee(s) indicated below, except for the filling fee Deposit Account Small Entity Fee Fee Fee Code (\$) Fee Description 2051 65 Surcharge – late provisional filing fee or cover sheet 1053 130 Non-English specification 1053 130 Non-English specification 1053 130 Non-English specification 1054 1550 Fee Description 1055 150 2052 25 Surcharge – late provisional filing fee or cover sheet 1054 150 150 150 150 150 150 150 150 150 150					
Deposit Account Number Deposit Account Name Bozicevic, Field & Francis, LLP Name The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Large Entity Small Entity Fee Fee Code (\$)					
Number Deposit Account Name The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments The Director is authorized to: (check all that apply) The Director is authorized to: (ch					
Deposit Account Name The Director is authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge Any Additional Fee(s) Required under 37 C.F.R. 1.17. ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below, except for the filing fee ☐ Fee Code (\$) ☐ Code (\$) ☐ Fee Code (\$) ☐ Code (\$) ☐ Surcharge – late filing fee or cover sheet ☐ Code (\$) ☐ Surcharge – late provisional filing fee or cover sheet ☐ Charge fee(s) indicated below, except for the filing fee	.				
Name The Director is authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge Any Additional Fee(s) Required under 37 C.F.R. 1.17. ☐ Charge fee(s) indicated below, except for the filing fee 1051 130 2051 65 Surcharge – late filing fee or oath 2052 25 Surcharge – late provisional filing fee or cover sheet 1053 130 Non-English specification 1053 130 Non-English specification 1812 2,520 For filing a request for ex parte reexamination					
The Director is authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge Any Additional Fee(s) Required under 37 C.F.R. 1.17. ☐ Charge fee(s) indicated below, except for the filing fee 1052 50 2052 25 Surcharge – late provisional filing fee or cover sheet 1053 130 Non-English specification 1812 2,520 For filing a request for ex parte reexamination					
☑ Charge fee(s) indicated below ☑ Credit any overpayments cover sheet ☑ Charge Any Additional Fee(s) Required under 37 C.F.R. 1.17. 1053 130 130 Non-English specification ☐ Charge fee(s) indicated below, except for the filling fee 1812 2,520 For filling a request for ex parte reexamination					
☐ Charge fee(s) indicated below, except for the filling fee 1812 2,520 1812 2,520 For filling a request for ex parte reexamination					
ato the above-identified deposit account. In 1804 920° I 1804 920° Requesting publication of SIR prior to					
FEE CALCULATION Examination action					
1 RASIC FU ING EEE 1805 1,840* Requesting publication of SIR after					
Large Entity Small Entity					
Fee Fee Fee Fee Description Fee Paid 1251 110 2251 55 Extension for reply within first month 1252 420 2252 210 Extension for reply within second month					
Code (\$) Code (\$) 1252 420 2252 210 Extension for reply within second month 1253 950 2253 475 Extension for reply within third month	5				
1002 340 2002 170 Design filing fee 1254 1,480 2254 740 Extension for reply within fourth month					
1003 530 2003 265 Plant filing fee 1255 2,010 2255 1,005 Extension for reply within fifth month					
1004 770 2004 385 Reissu'e filing fee 1401 330 2401 165 Notice of Appeal 16	5				
1005 160 2005 80 Provisional filing fee 1402 330 2402 165 Filing a brief in support of an appeal	<u> </u>				
1400 000 0000 445 Remark for any bonder					
SUBICIAL(I)					
2 EVIDA CLAIM EEES FOR LITH ITV AND DEISSHE					
Fee from 1452 1 220 2452 665 Datation to review unintentional					
Extra claims pelow ree raid					
Total Claims -20** = x = 1501 1,330 2501 665 Utility issue fee (or reissue)					
Indep3" = X =					
1007 50 1007 50 December 60 material 60 ma					
Large Entity Small Entity 1807 50 1807 50 Processing ree under 37 CFR 1.17(q) Fee Fee Fee Fee Fee Fee Fee Fee Fee F	_]				
Code (\$)					
201 86 2201 43 Independent claims in excess of 3					
1203 290 2203 145 Multiple dependent claim, if not paid 1809 770 2809 385 Filing a submission after final rejection (37 CFR § 1.129(a))					
1204 86 2204 43 ** Reissue independent claims over original patent 1810 770 2810 385 For each additional invention to be					
1205 18 2205 9 ** Reissue claims in excess of 20					
SUBTOTAL (2) \$ 1802 900 Request for expedited examination					
Ura design application					
**or number previously paid, if greater; For Reissues, see above. Other fee (specify)64	 10				
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)					
SUBMITTED BY Complete (if applicable)					
Registration No. Name (Print/Type) Pamela J. Sherwood (Attomey/Agent) 36,677 Telephone (650) 833-7790	,				
Signature Date 09/09/2004					

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450